**AFP Foundation**

**AFP South Sound Chapter**

**2022 Chamberlain Scholarship Program**

**Deadline for applications:**

**Personal Data**

Applicant’s Name

Are you a member of AFP?

Job Title

Employer

Business Address

City State Zip

Business Phone Number Home Phone Number

Email Address Website URL

Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*or signature of an Executive Committee member on your organization’s board)*

Phone Number

**Background Information**

Years in the Profession

Previous Training in Fundraising

*(Please specify courses, seminars, conferences attended)*

Professional Reference

*(Other than present employer)*

Phone Email

*I am employed as a full-time fundraising professional or spend at least fifty percent of my time fundraising for my employer. I have never attended a NSFRE/AFP ICON and understand that only one individual from my local chapter can be selected. I understand that I must provide proof of full vaccination to be granted access to this event.*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Applicant’s Signature) (Date)*

**Additional Information Required by the Chapter:**